



EXAMINATION SECTION  
DEPARTMENT OF THE SECRETARY OF STATE  
MAINE BUREAU OF MOTOR VEHICLES  
29 STATE HOUSE STATION  
AUGUSTA, ME, 04333-0029

SPECIAL RESTRICTED LICENSE APPLICATION FOR 15 YEAR OLDS  
(Driver Education Required)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone: \_\_\_\_\_  
PLEASE PRINT

Mailing Address \_\_\_\_\_

Check appropriate box for restricted license you are applying: [ ] Restricted Educational License [ ] Restricted Employment License  
You may not apply for a road test unless you have held your instruction permit for 6 months, and have completed 35 hours of driving, including 5 hours of night driving.

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**RESTRICTED EDUCATIONAL LICENSE: Complete this portion only if you are applying for a restricted *educational* license.**

1. I hereby attest that I have no readily available alternative means of transportation and that use of a motor vehicle is necessary for transportation to and from the school I attend. (Not intended for extracurricular activities)

\_\_\_\_\_  
NAME OF SCHOOL

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
NOTARY PUBLIC

2. I hereby attest that I am the Parent/Legal Guardian of \_\_\_\_\_  
and that he/she has no readily available alternative means of transportation and that use of a motor vehicle is necessary for transportation to and from the school he/she attends.

\_\_\_\_\_  
PRINT APPLICANT'S NAME

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

3. I, \_\_\_\_\_, verify that \_\_\_\_\_  
attends \_\_\_\_\_ and attest that there is a lack of readily available means of transportation for him/her to attend this school.

\_\_\_\_\_  
PRINCIPAL OF SCHOOL

\_\_\_\_\_  
PRINT APPLICANT'S NAME

\_\_\_\_\_  
NAME OF SCHOOL

\_\_\_\_\_  
SIGNATURE OF PRINCIPAL

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE

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**RESTRICTED EMPLOYMENT LICENSE: Complete this portion only if you are applying for a restricted *employment* license.**

- A. I hereby attest that I have no readily available alternative means of transportation and that use of a motor vehicle is necessary for transportation to and from or in connection with my employment.

\_\_\_\_\_  
PLACE OF EMPLOYMENT

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
NOTARY PUBLIC

- B. I hereby attest that I am the Parent/Legal Guardian of \_\_\_\_\_  
and that he/she has no readily available means of transportation and that use of a motor vehicle is necessary for transportation to and from or in connection with his/her place of employment.

\_\_\_\_\_  
PRINT APPLICANT'S NAME

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

- C. I, \_\_\_\_\_, verify that \_\_\_\_\_ is employed by me.

\_\_\_\_\_  
EMPLOYER

\_\_\_\_\_  
PRINT APPLICANT'S NAME

\_\_\_\_\_  
NAME OF BUSINESS

\_\_\_\_\_  
EMPLOYER'S TELEPHONE NUMBER

\_\_\_\_\_  
EMPLOYER'S ADDRESS

\_\_\_\_\_  
DATE